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Thinking Styles and Psychological Treatment Effectiveness in Caregivers: A Pilot Study

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Abstract

The purpose of the study is to examine caregivers (N=36) to determine if thinking styles can be associated with the effectiveness of a psychoeducational group treatment based on health and caregiver burden indicators. After completing pretreatment assessments (Millon Index of Personality Styles; GHQ-12; Zarit Burden Interview), caregivers were assigned to receive the psychoeducational treatment (10 sessions). Most of the participants were medium age (M = 55.5 years, SD = 12.94). No significant pre-posttreatment differences were found. Results show that Externally focused has negative implications in mental health change. Conservation-seeking was associated with a lower change in subjective burden. Taking into account the personality can increase the effectiveness of psychological interventions with caregivers.

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1. Introduction

Caring for a dependent person is a stressful situation that may lead to psychological health risk for the caregiver (Gutierrez-Maldonado, Caqueo-Urizar, & Kavanagh, 2005; Pinquart & Sörensen, 2003). In recent years, psychological intervention strategies with a psychoeducational format have been designed, which have shown their utility to improve the health of caregivers. The goal of this type of programs is to reduce the level of distress by means of teaching strategies of self-care and care of their relative.

Most of the studies on the efficacy of psychoeducational psychological interventions in caregivers proceed from the sphere of caring for elderly people. For example, the meta-analysis of Sörensen, Pinquart & Duberstein (2002) showed that psychological interventions are efficacious to reduce perceived burden, anxiety, and depression in caregivers of elderly relatives. These authors found that the effect size of the psychological interventions, albeit significant, was small or moderate. In any case, it has been stated that it is necessary to

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improve the efficacy, effectiveness, and efficiency of psychological interventions in caregivers, and for this purpose, we need to know more about which type of treatments are effective with each kind of caregiver (Zarit, 2009). Group psychoeducational interventions that have shown their efficacy to date are “generalist,” structured, and global, and they do not take the specificity and personality characteristics of the people they treat into account.

At this point, personality can help to recover the caregiver, showing that the way he or she acts, feels, thinks, and relates to others (Millon, 1990) plays an important role in the process of stress of caregiving. More specifically, one of the most relevant findings is that the way people interpret and evaluate events plays a key role in how well they cope (Moos & Schaefer 1993). However, no research has specifically focused on these psychological factors related to the selection and processing of information that mediates between caregiver stress and the effectiveness of the psychological intervention.

This study aimed at investigating associations between thinking styles and psychological group intervention effectiveness in caregivers. The cognitive variables used were defined by the thinking styles of the Millon Index of Personality Styles (MIPS; Millon, 2001) because this instrument has an extensive theoretical and empirical foundation. We hypothesized that, in caregivers, some thinking styles would be related to higher improvement in their health after participating in a psychological intervention, whereas, some thinking styles would be related to lower improvement in health.

2. Method

2.1. Participants

The group treatment was completed by 36 caregivers, 32 women and 4 men, who lived in Murcia (91.7%) and Teruel (8.3%) (Spain). Their ages ranged between 32 and 81 years with a mean age of 55.75 (SD = 12.94). All reported medium socio-economic level. The 68.6% care for an older person, 25.7% care for a person with a Severe Mental Disorder (SMD –Psychosis, Personality Disorder, Bipolar Disorder) and the 5.7% care for a person with sensory/motor/intellectual impairment. The majority (75%) were married, the 11.1% single and the 8.3% widowed. The 42.4% had primary studies, the 33.3% had secondary studies and the 22.2% had higher studies. The majority were no active (34.3% housework, 20% retiree and 11.2% unemployed).

2.2. Instruments

Sociodemographic and Family Data Questionnaire. It collected demographic data and information about care.

Caregiver Burden Scale (Zarit, Reever, & Bach-Peterson, 1980; Spanish version of Martín et al., 1996). This scale assesses stress or perceived burden with regard to the caregiving task. It has 22 items and is scored on a 5-point Likert scale. The internal consistency value for the Spanish version was Cronbach's alpha of .91, and test-retest reliability was .86. Regarding construct validity, it has been reported that the scale correlates positively with General Health Questionnaire and the Katz index.

Millon Index of Personality Styles (MIPS –Millon, 2001). Caregivers' thinking styles were measured by completing the MIPS. This instrument provides a measure of personality styles organized according to three main dimensions: Motivating Styles, Thinking Styles, and Behaving Styles, and includes a total of 24 scales with a True/False response format. The scales are organized in bipolarities. For this study, we obtained a measure of cognitive variables using the four pairs of scales from the Thinking Styles dimension (Externally Focused and Internally Focused; Realistic/Sensing and Imaginative/Intuiting; Thought-Guided and Feeling-Guided; and Conservation-Seeking and Innovation-Seeking). The internal consistency value and the construct validity of this instrument was verified in caregiver population (Cuéllar-Flores, Sánchez-López, & Santamaría, in press; Limiñana, Corbalán, & Sánchez-López, 2009).

General Health Questionnaire (GHQ-12 - Goldberg & Williams, 1988, adapted by Sánchez-López & Dresch, 2008). This self-administered questionnaire explores subjective symptoms of psychological distress. It has 12 items that assess the intensity of various mental problems in the past two weeks by means of a 4-point Likert scale ranging from 0 to 3; a higher score corresponds to poorer health and psychological well-being. The internal consistency of this measure in Spanish population is acceptable ($\alpha = .76$) and external validity has been verified.

2.3. Procedure

The inclusion criterion to select the participants was to be caring for a dependent relative. We requested the caregivers' participation, either contacting them through professionals who worked in health centers, family associations or in residential centers or day centers, or directly. All the assessments were carried out by professionals with experience in dependency- and care-related topics, and trained for this task. The mean duration of each interview was one hour. All the participants gave written informed consent. Subsequently, they were offered possibility of participating in a program of psychological group intervention. The groups were made up of 6-8 caregivers, in homogeneous groups according to the type of care (older people, people with disabilities, and people with SMD). The psychological group intervention consisted of 8 sessions and included the contents that have been shown to be efficacious to improve the distress of caregivers. The sessions lasted 1 1/2 hours, were delivered on a weekly basis, and participants were asked to perform homework. In the last session, a post-intervention assessment was performed.

3. Results

Table 1 shows the mean scores and standard deviations in the health variables at the diverse assessment phases. The data show that there were no statistically significant changes between pre- and post treatment.

Table 1. Repeated measures difference of means among the health variables before and after the psycho educational group intervention

	Before the intervention		After intervention		t	p
	Mean	SD	Mean	SD		
Subjective burden	53.72	16.303	55.24	17.007	-.656	.516
Psychological health	12.02	5.997	10.86	4.243	1.107	.275

Table 2 shows the means and standard deviations of the scores in the Thinking Styles of the MIPS and the correlation values between personality styles and the pre-post intervention differential scores in the health variables. Table 3 shows the results of the stepwise multiple regression analysis between the Thinking Styles (Independent Variables) and the differential scores in the health variables (Dependent Variables).

The analyses of correlations show that Externally Focused ($r^2 = -.491$, $p < .01$) is related to a lower differential score in psychological health, that is, less improvement in this indicator. In contrast, Internally Focused ($r^2 = .415$, $p < .01$) correlated with more improvement. With regard to subjective burden, only Conservation-Seeking ($r^2 = -.339$, $p < .05$) correlated significantly with less improvement in this health index. Externally Focused ($b = -.0461$, $p < .01$) explains 24% of the variance in the differential score of psychological health, and predicts less improvement in this index. Conservation-Seeking ($b = -.0422$, $p < .05$) predicts less improvement in subjective burden, and explains 11% of its variance.

4. Discussion and Conclusions

The data show that, although it improved caregivers' psychological distress, the psycho educational intervention did not reach the necessary levels of statistical significance. This may be due to the small sample size and because the caregivers of this study had higher levels of psychological health than those of other studies (Crespo & López, 2007; Navarro, 2010).

Table 2. Raw scores in the Thinking Styles and Pearson correlations with the differential health scores

	Raw Score		Correlations	
	Mean	SD	Psychological health	Subjective burden
4A. Externally focused	23.485	6.963	-.491**	-.198
4B. Internally focused	13.251	6.413	.415**	.045
5A. Realistic/Sensing	22.971	4.183	-.004	.016
5B. Imaginative/Intuiting	16.542	7.773	.098	-.277
6A. Thought-Guided	17.971	7.690	-.177	-.245
6B. Feeling-Guided	31.457	6.321	.097	-.243
7A. Conservation-seeking	37.742	10.631	-.177	-.339*
7B. Innovation-seeking	20.142	6.553	.037	.020

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 3. Stepwise multiple regression analysis of Thinking Styles and the health indicators

Psychological health							
Step		b	R ²	ΔR^2	SE	df	F
1	Externally focused (4A)	-.461**	.24**	.24	.13	1, 35	11.407**
Subjective burden							
Step		b	R ²	ΔR^2	SE	df	F
1	Conservation-seeking (7A)	-.422*	.11*	.11*	.04	1,35	4.538*

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

For these caregivers, the Internally Focused thinking style, defined as a tendency to withdraw into the inner world and use one's own thoughts and feelings as resources, is a key indicator of potential psychological change. Focusing on external resources for information (Externally Focused) has negative implications—the psychological intervention effectiveness is lower. Likewise, a low use of a reflective and systematic thinking style (Conservation-Seeking) also has negative implications, because it predicts less change in self-perceived burden.

This study attempts to compensate for the existing lack of research of the intrapersonal resources of caregivers and their effect on the psychological change produced by interventions. Millon's model of personality offers a perspective that combines the nomothetic and the ideographic and attempts to conjugate their theoretical richness with assessment and intervention, so we have reason to consider it an efficacious framework from which to study the personality of caregivers and its relation with health.

It is also important to note that diverse institutions and investigators underline the need to integrate basic, or theoretical, and applied research to a greater extent (National Institute of Mental Health, 2000) As suggested by

the results of this work, taking personality into account may increase the efficacy of psychological intervention programs with caregivers, as it may help to define intervention goals and more specific technical strategies, in order to better attend caregivers' psychological variability.

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